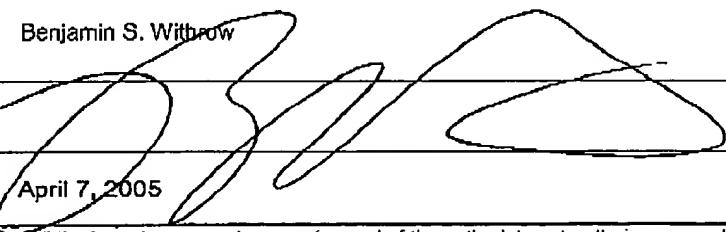


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|---|------------------------|----------------|
| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/580,495 |
| | Filing Date | 05/30/2000 |
| | First Named Inventor | Graves et al. |
| | Group Art Unit | 2633 |
| | Examiner Name | Tran, Dzung D. |
| | Attorney Docket Number | 7000-431 |

| | | |
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| Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number <input type="text" value="27820"/> → <div style="border: 1px solid black; padding: 5px; margin-left: 10px;">Place Customer Number Bar Code Label here</div> | | |
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| <input type="checkbox"/> Applicant. <input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or agent of record, Reg. No. 40,876. <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | |
| Typed or Printed Name | Benjamin S. Withrow | |
| Signature |  | |
| Date | April 7, 2005 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total of ___ forms are submitted. | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, USPTO, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450